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cyanide is a deadly poison. The stains can be taken off the fingers with ammonia water, or by painting them with tincture of iodine, then removing this with ammonia water or a solution of sodium hyposulphite.

Red ink can be easily removed by alcohol rendered acid with a little nitric acid.

Stains caused by solutions containing iron, such as tincture of iron chloride or Basham's mixture, can be taken out with a solution of citric acid. For iron rust stains, use salt and lemon juice.

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# LABORATORY WORK FOR NURSES[1]

By Mary Gulledge, R.N.

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During the past twenty-five years, such rapid strides have been made in all branches of medicine that it would be a difficult matter to decide just which has made most progress, but from a diagnostic standpoint it would seem that greater advance has been made in laboratory methods than in any other.

The day has long since passed when the physician relies upon the condition of the tongue and the character of the pulse to arrive at a correct conclusion concerning an illness. He resorts to more accurate methods, such as complete physical examination, laboratory studies, and X-ray. The busy practitioner has not time to devote to the thorough laboratory investigation of his case, hence a great field has been opened for women who desire to avail themselves of this opportunity. I will, in a brief way, outline some uses of the laboratory as an assistance in arriving at a correct conclusion.

From the study of the blood we are able to detect many diseases that would otherwise not be recognized, such as the leukoemias, pernicious anemia and, in obscure cases, malaria and typhoid fever, to say nothing of the astonishing information sometimes disclosed by the complement fixation test of Wassermann. The presence of a leucocytosis with a polymorphonucleuousis in continued fever, where there is no appreciable cause for the fever, is of great clinical significance as it shows there is an infection or sepsis; the only exceptions to this rule being typhoid, tuberculosis and malaria, with the very rare exception of syphilitic fever; further studies of the blood will indicate which one of these conditions is present. From cultures of the blood we are able to detect the various bacteriemias without which it would be only a guess as to the actual condition of the patient.

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[1] Read before the Graduate Nurses' Association of South Carolina. April 22. 1920, at Sumter, S. C.

From the study of the sputum we are able to detect tuberculosis, influenza, the different types of pneumonia and bronchial asthma, pulmonary abscesses, etc.

A study of the feces will show the presence or absence of intestinal parasites, the condition of digestion of proteins, fats and starches; the presence or absence of blood, occult or otherwise, pus and excessive mucus. The constant presence of occult blood in the stools when correct examination shows that it does not come from blood being swallowed and the patient is on a meat free diet, is conclusive proof of malignancy somewhere in the gastro-intestinal tract. Occult blood, intermittently found, is a strong indication of gastric or duodenal ulcer.

From the examination of the urine we are able to detect pus, blood, albumen, casts, and sugar. These examinations are absolutely essential in every case, for only by a careful chemical and microscopic study of a well centrifugalized sediment can one obtain data that are essential in arriving at an accurate conclusion in a great many cases.

The bacteriologic study of the spinal fluid is essential in differentiating the various types of meningitis. The cell count of the spinal fluid is the only way in which the condition known as meningismus, which is due to severe toxemia and occurs principally in pneumonia and typhoid fever, can be differentiated from a true meningitis, the cell count in meningismus being normal, 3 to 7 cells to the c.m.; and in meningitis, 100 or more. It is also of the greatest help in the meningeal type of lethargic encephalitis. Clinically this type is very similar to meningitis and only by the cell count of the fluid can the two diseases be differentiated. In encephalitis there are seldom more than 30 cells to the c.m.; whereas, in meningitis you would be likely to find more than 200.

One could go on with this endless chain of diseases where the physician has to make his diagnosis almost entirely from the laboratory findings. These tests require time which the busy doctor cannot spare to give to this work. There are many openings here in South Carolina for the nurse who would care to go into this interesting field.